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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

New Filing Section

Division of Corporations

TO:

| SUBJECT: SEASIDE LIVE EDGE LLC | |
|--|----------|
| Name of Limited Liability Company | |
| | |
| The enclosed Articles of Organization and fee(s) are submitted for filing. | |
| Please seture all augmented and concerning this matter to the following: | |
| Please return all correspondence concerning this matter to the following: | |
| RUSSELL CLAYTON | |
| Name of Person | |
| Traine Of Teleson | |
| SEASIDE LIVE EDGE LLC | |
| Firm/Company | |
| | |
| 1625 BENT PINE WAY | |
| Address | |
| _ | |
| Beanson FL 33511 City/State and Zip Code | |
| City/State and Zip Code | : |
| City/State and Zip Code | |
| E-mail address: (to be used for future annual report notification) | 2 |
| For firsthar information concurring this matter places call: |)) |
| For further information concerning this matter, please call: | . |
| Russen Ciay, W at (828) 712. 2311 | = |
| Name of Person Area Code Daytime Telephone Number | |
| Name of Person Area Code Daytime Telephone Number : 7 | ၁ |
| | |
| Enclosed is a check for the following amount: | |
| □\$125.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee. | |
| Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy | |
| (additional copy is enclosed) (additional copy is enclosed) | |
| | |
| Mailing Address Street Address | |
| New Filing Section New Filing Section Division | |
| Division of Corporations The Centre of Tallahassee | |
| P.O. Box 6327 2415 N. Monroe Street, Suite 810 | |
| Tallahassee, FL 32314 Tallahassee, FL 32303 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| he name of the Limited Liability Com | ipany is: | | | |
|--------------------------------------|-----------|------|----------------------|--|
| SEASIDE | LIVE | EOGE | LLC | |
| | | | "L.L.C.," or "LLC.") | |

ARTICLE II - Address:

ARTICLE 1 - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | Mailing Address: |
|-------------------------------------|---|
| 1625 BENT PINE WAY BRANDON FL 33511 | 1625 BEN- PINE WAY BRANDON, FL 3357) |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

| RUSSELL | CLA4 | TON | |
|--------------------------------------|-------|-----|------|
| 1625 GE Florida street address (F | NC F | - | |
| BRANDON | FL | 33 | 2511 |
| City | State | | Zip |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

| Title: | Name and Address: | | |
|--|--|--------------|-------------------|
| "AMBR" = Authorized Member | | | |
| "MGR" = Manager | 0 1 | | |
| MGR | RUSSEN CLAYION 1625 BENT PINE WA BRANDON, FL 33571 | | _ |
| AMBR | 1623 BENT PING VOM | 7 | |
| | BEAN DON, FE 3 3511 | | |
| AMBR | RUSSELL CLAYOU 1625 BENT PINE WAS | | |
| <u> </u> | 11-25-05-1-25-15-11-20 | | |
| | COALD G COALD | - | |
| | BRANDON, FL 33511 | | |
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| (Use attachment if necessary) | | | |
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